

At B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

168

State File No. 8125
Registered No. 8

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 27 Line Oak Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carnesto Moreno (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Jan. 3-1930
Month Day Year

8. FATHER Full name Isauro Moreno 14. MOTHER Full maiden name Tranquilina Grijalva

9. Residence (Usual place of abode) Miami Arizona 15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 25 (Years) 16. Color or race Mex 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Chihuahua Mex. 18. Birthplace (city or place) Tombstone Arizona
(State or country)

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother 6 (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 11-30 m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byrle M. Brown M.D. Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filled Jan 10, 1930 L. E. Dring Registrar

246-103-371